LITOCCOOTSUP

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COVER LETTER

TO:	_	tration Section ion of Corporations					
SUBJ	ECT:	Kayak kissimmee llc.					
		(Name of Limited Liability Company)					
The er	nclosed	member, resignation or dissocia	tion and fee(s) are submitted for filing.			
Please	e return	all correspondence concerning the	his matter to:				
Eliiot	t Mille						
		(Contact Person)		_			
Kayak kissimmee IIc.							
		(Firm/Company)		-			
1023 Delaware ave.							
		(Address)					
Saint	t Cloud	l, Florida 34769					
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
Elliot	t Mille	•	321 at (624-0246			
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy							
Regist Divisi Clifto 2661	tration ion of (on Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records o	f the Florida Department
of State is: Kay	ak kissimmee IIc.		·
2. The Florida doc	ument/registration number as 9	ssigned to this limited liabi	lity company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resi	ign is:
4. I, Richard Mille			
member,man			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability company	
Rulas	I Mille	~	MAR 17 PRETARY AHASSE
Signature of Di	ssociating Member or Resig	ning Manager	E.F. 60
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		16 RIDA